

STATE OF ARKANSAS Corporation/Pass-Through Entity Tax Penalty and Interest Waiver Request

REVENUE DIVISION Corporation Income Tax 1816 W 7th St., Room 2250 Post Office Box 919 Little Rock, Arkansas 72203 Phone: (501) 682-4779 Fax: (501) 682-7114 www.dfa.arkansas.gov

Please type or print when filling out this form

SECTION I - TAXPAYER INFORMATION				
C-Corporation S-Corporation Pass-Through Entity				
Please use one form per account.				
1 Corporation/Entity Na	me:		2 FEIN:	
3 Mailing Address, City, State, and Zip Code:				
4 Daytime Phone Number				
5 E-mail Address				
SECTION II - WAIVER REQUEST				
	Failure to File Penalty	Failure to Pay Penalt	y UEP (Under Estimate Penalty)	Interest
Check all that apply:	*EFT Penalty	*Negligence Penalty	Failure to Comply Penalty	
For Tax Year(s):				
Reason for Request (check all that apply): Insolvent/Bankrupt Intent to Dissolve Reasonable Cause				
Please explain in detail why your penalty and/or interest should be waived: if additional space is needed, attach ssparate pages to this form				
SECTION III - SIGNATURE				
Primary Signature	/Authorized Party	Date	Daytime Phone N	umber
Penalty Waiver (R 7/7/2022)				
ARKANSAS C	OMPLETED FORM TO: ORPORATION INCOME PO BOX 919 .E ROCK, AR 72203	TAX OR	FAX COMPLETED FOR 501-682-7114	M TO: